GENERAL INSTRUCTIONS

A. The DOH-3705 must be completed during the initial, or pre-approval, visit to the Provider's home, prior to participation in CACFP. It must also be used as the renewal instrument one year after the initial application.
B. Sponsoring Organizations should develop a staggered renewal schedule so that all providers have their applications for participation renewed each year.

SPECIFIC INSTRUCTIONS

CACFP Agreement Number – The agreement number assigned to your organization should be entered here.

1. **Provider Information**
   CACFP Provider Number – For organizations using the CACFP computer software, enter the number assigned to the provider.
   County/Code – Enter the name and code of the county where the provider lives.
   Social Security # – Enter the social security number of the Provider. If the Provider does not have a social security number write "none". This is not a required box.
   Provider Name – Enter the name of the Day Care Home Provider with the last name first, then first name and middle initial.
   Monitor/Code – Use this field to assign monitors and/or identify service areas. This is not required.
   Mailing Address – Enter the full mailing address of the Provider. Include the city, state and zip code.
   Physical Address – Enter the physical location **only** if it is different from the mailing address. Include the city, state and zip code.
   Telephone Number – Enter the provider's phone number.

2. **Reimbursement Eligibility**
   Tier 1 Provider – The provider is eligible for Tier 1 reimbursement rates (Also complete question 12.).
   Tier 2 Provider – The provider is not eligible for Tier 1 reimbursement rates (Also complete question 12 if appropriate.).
   Enter the date it was determined that the provider is eligible for Tier 1 reimbursement.
   Enter the date when you will have to make the next determination of the provider's eligibility for Tier 1 reimbursement rates.
   – Tier 1 eligibility based on income eligibility is valid for **one year.**
   – Tier 1 eligibility based on school data is valid for **three years.**
   – If the determination was based on census data, enter the date 01/01/2002. This determination is valid until the data from the next census is available. CACFP will notify you when 2000 census data is available.

3. **Application Status:** Check whether this is an application for a provider who is new to your Sponsorship or is renewing participation. For new providers, question 14 must also be completed.

4. **Approval Type:** Check the box next to the type of approval granted to the day care home:
   Registered/Licensed – Day Care Home Registration or License issued by the New York State Department of Social Services, or in New York City, the Department Of Health.
   Enrolled – The provider receives Department of Social Services or Begin, or Jobs subsidy payments to care for relatives and up to 2 non-resident, relative or non-relative children.
   Other – A form of approval other than those described above, such as a Military or Tribal approval.

5. **On-Site Provider:** Enter the name of the on-site provider listed on the registration/license certificate, if different from the provider.

6. **Registration/License:** Enter the registration or license number, the expiration date, number of days open, and the

authorized capacity.

7. **Days of Operation:** Check the days that the day care home is open to provide childcare.

8. **Hours of Operation:** Enter the hours the day care home is open to provide childcare.

9. **Number of Children Enrolled:** Enter the number of children currently enrolled in the day care home.
   Foster – Any resident foster children.
   Resident eligible – Provider's own children under the age of 13, where there is an Income Eligibility Application (DOH-4161) on file for the child and the income stated falls within the eligibility guidelines for Tier 1.
   Non-resident – Any child enrolled in care who does not live in the provider's home.
   Resident non-eligible – Any child enrolled in care, who is a resident of the home but is not eligible for CACFP.

10. **Provider Ethnic Information:** Check the box that identifies the provider's ethnicity. This is not required.

11. **Meals Served:** Check which meals the provider serves, enter the time(s) of actual meal service, and whether the meal is served in shifts. Remember that for any one child, no more than 2 meals and 1 snack OR 1 meals and 2 snacks may be claimed per day.
    Shifts – Check whether the provider serves any meals in shifts. Remember that for CACFP, "shifts" is defined as serving one meal at different times to two separate groups of children. For example; if one child arrives at the home at 7:00 AM has breakfast then leaves at 8:00 AM and another child arrives at 8:30 AM and has breakfast, this **meets the definition of shifts.** If a Provider serves lunch to the toddlers in care at 12:00 PM and to the pre-schoolers at 1:00 PM, **this is a not a shift.**

12. **Tier 1 Providers:** Check the method used by the Sponsoring Organization to make the Tier 1 determination:
    Income Qualifies – A completed DOH-4161 is on file, the provider's household income is within the guidelines to qualify for Tier 1 reimbursement rates and the Sponsor has a copy of documentation to verify the income.
    Categorical Eligibility – Documentation is on file to verify that the provider's household is eligible for Food Stamps or TANF (Temporary Assistance to Needy Families).
    School Data – Documentation is on file to indicate that the provider lives in an area served by a school enrolling elementary students where 50% or more of the enrollment is eligible for free or reduced price meals. Enter the qualifying school BEDS number, if available.
    Census Data – Documentation is on file to indicate that the provider lives in a census tract where 50% or more of the families have incomes at or below 185% of the poverty level. Enter the qualifying block group or map number, if available.

13. **Mixed Tier 2 Providers:** For a provider who has been qualified as a Tier 2 home, and has elected to have Income Eligibility Applications collected from the families of children in care. Check the reimbursement method chosen by the provider:
    Collect DOH-4161's for all enrolled children **-** The families for all children enrolled in care will receive a DOH-4161.
    Sponsor to verify categorically eligible children **-** Only those families that the sponsor knows to be categorically eligible for Tier 1 reimbursement rates will receive a DOH-4161.

14. **For Providers New to the Sponsor:** Enter the date of the visit made to the provider's home to determine that the provider is eligible to participate in CACFP.
    If the provider has participated in CACFP with another agency within the past year, enter the name of that CACFP Sponsor. Also indicate the last month and year that the provider claimed with that Sponsor.

15. **Certification Statement:** The Certification must be signed and dated by the Provider and a representative of the Sponsoring Organization during the pre-approval visit.

16. **Eligibility Dates:** CACFP Sponsor staff will enter the beginning and ending of the provider's eligibility date and will sign as program manager.